

National Resident Matching Program
2450 N Street, NW
Washington, DC 20037-1127
FAX (202) 828-4797

Re: Match Waiver Request

To Whom it May Concern:

My name is _____. I am currently a PGY ___ in _____ residency program at Saint Vincent's Hospital in Manhattan. I matched through the NRMP for the _____ program at Saint Vincent's Hospital in Manhattan (AAMC ID _____, ACGME ID _____) to start my PGY ___ year on July 1, 2010. However, _____ fellowship program is *not likely to continue starting July 1, 2010* or *will be terminating on June 30, 2010*. Due to the financial realities at St. Vincent's Hospital, all other subspecialty programs have withdrawn their accreditation voluntarily. This letter is a formal request for a match waiver so that I can proceed to find a position at another program to start July 1, 2010. I ask that you honor my request.

Sincerely,